

# TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 1 - 0 0 1

2. STATE:

Pennsylvania

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL  
SECURITY ACT (MEDICAID)  
Title XIX - Medicaid

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

January 1, 2001

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 435.725, 435.733, 435.1010, 485.832

7. FEDERAL BUDGET IMPACT:

a. FFY 2001 \$ 147,206

b. FFY 2002 \$ 221,879

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 2.6-A page 5  
Supplement 6 to Attachment 2.6-A  
Pages 1, 1a, 1b and 2

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):

Attachment 2.6-A page 5  
Supplement 6 to Attachment 2.6-A  
Pages 1, 1a, 1b and 2

10. SUBJECT OF AMENDMENT:

Revision to increase the Supplemental Security Income related income limits effective  
January 1, 2001

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

*Feather J. Houston*

13. TYPED NAME:

Feather J. Houston

14. TITLE:

Secretary of Public Welfare

15. DATE SUBMITTED:

2/27/01

16. RETURN TO:

Commonwealth of Pennsylvania  
Department of Public Welfare  
P.O. Box 2675  
Harrisburg, PA 17105

## FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

18. DATE APPROVED:

May 14, 2001

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

1/1/01

20. SIGNATURE OF REGIONAL OFFICIAL:

*Claudette V. Campbell*

21. TYPED NAME:

CLAUDETTE V CAMPBELL

22. TITLE:

ASSOCIATE REGIONAL ADMINISTRATOR  
DIVISION OF MEDICAID &  
STATE OPERATIONS

23. REMARKS:

Revision:

ATTACHMENT 2.6-A

Page 5

OMB No: 0938-

State: Pennsylvania

Citation	Condition or Requirement
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Social  
Security  
Act §1924

b. AFDC related-

Children \$30

Adults \$30

c. Individuals under age 21 covered in this plan as specified in Item B.7. of ATTACHMENT 2.2-A. \$30

3. For maintenance of the non-institutionalized spouse only.  
The monthly income allowance for the community spouse (using the formula in §1924(d)(2)) is the amount by which a maintenance needs standard exceeds the community spouse's income. The maintenance needs standard cannot exceed the maximum prescribed in §1924(d)(3)(C).

The monthly income allowance for other dependent family members living with the community spouse is one-third of the amount by which the poverty level component (§§1924(d)(3)(A)) exceeds the dependent family member's income.

4. An amount for the maintenance of each family member with no community spouse living in the home. The amount must be based on a reasonable assessment of need but must not exceed the highest of -

AFDC level

\$See attached cash schedule

Medically needy level

\$ \_\_\_\_\_

Other as follows

\$ \_\_\_\_\_

5. Amounts for incurred medical expenses not subject to payment by a third party.

a. Health insurance premiums, deductibles and coinsurance charges.

b. Necessary medical or remedial care not covered under the Medicaid plan (Reasonable limits on amounts are described in Supplement 3 to ATTACHMENT 2.6-A.

6. An amount for maintenance of a single individual's home for not longer than 6 months, if a physician has certified he or she is likely to return home within that period.

X Yes. Amount for maintenance of home \$557.40  
(effective January 1, 2001)

     No.

TN No. #01-001

Supersedes

TN No. 00-001

Approval Date MAY 14 2001

Effective Date January 1, 2001

HCFA ID:

Revision:

SUPPLEMENT 6 TO ATTACHMENT 2.6-A  
Page 1State: Pennsylvania

## STANDARDS FOR OPTIONAL STATE SUPPLEMENTARY PAYMENT

Payment Category  (Reasonable Classification)	Administered by		Income Level				Income Disregards Employed
			Gross		Net		
	Federal	State	1 Person	Couple	1 Person	Couple	
(1) Aged, blind, and disabled living independently	(2) X	1/1/85 1/1/86 1/1/87 1/1/88 1/1/89 1/1/90 1/1/91 1/1/92 1/1/93 1/1/94 1/1/95 1/1/96 1/1/97 1/1/98 1/1/99 1/1/00 1/1/01	(3) \$ 975 1,008 1,020 1,062 1,104 1,158 1,221 1,266 1,302 1,338 1,374 1,410 1,452 1,482 1,500 1,536 1,590	\$1,464 1,512 1,530 1,596 1,659 1,737 1,830 1,899 1,956 2,153 2,061 2,115 2,178 2,223 2,253 2,307 2,388	(4) \$357.40 368.40 372.40 386.40 400.40 418.40 439.40 454.40 466.40 478.40 490.40 497.40 511.40 521.40 527.40 539.40 557.40	\$536.70 552.70 558.70 580.70 601.70 627.70 658.70 681.70 700.70 717.70 735.70 748.70 769.70 784.70 794.70 812.70 839.70	(5) SSI Standards
Aged, blind, and disabled living in a domiciliary care facility	X	1/1/85 1/1/86 1/1/87 1/1/88 1/1/89	\$ 975 1,008 1,020 1,062 1,104	\$1,464 1,512 1,530 1,596 1,659	\$472.30 483.30 487.30 501.30 515.30	\$861.40 877.40 883.40 905.40 926.40	SSI Standards

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TN No. 00-001Approval Date MAY 14 2001Effective Date: January 1, 2001  
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Revision:

## SUPPLEMENT 6 TO ATTACHMENT 2.6-A

Page 1a

State: PennsylvaniaSTANDARDS FOR OPTIONAL STATE SUPPLEMENTARY PAYMENT

Payment Category  (Reasonable Classification)	Administered by		Income Level				Income Disregards Employed
			Gross		Net		
	Federal	State	1 Person	Couple	1 Person	Couple	
(1)	(2)		(3)		(4)		(5)
Aged, blind, and disabled living in a domiciliary care facility	X	1/1/90	\$1,158	\$1,737	\$533.30	\$ 952.40	SSI Standards
		1/1/91	1,221	1,830	554.30	983.40	
		1/1/92	1,266	1,899	569.30	1,006.40	
		1/1/93	1,302	1,956	581.30	1,025.40	
		10/1/93	1,302	1,956	763.30	1,389.40	
		1/1/94	1,338	2,153	775.30	1,406.40	
		1/1/95	1,374	2,061	787.30	1,424.40	
		1/1/96	1,410	2,115	799.30	1,442.40	
		1/1/97	1,452	2,178	813.30	1,463.40	
		1/1/98	1,482	2,223	823.30	1,478.40	
		1/1/99	1,500	2,253	829.30	1,488.40	
		1/1/00	1,536	2,307	841.30	1,506.40	
		1/1/01	1,590	2,388	859.30	1,533.40	
Aged, blind, and disabled living in a personal care home	X	7/1/89	\$1,104	\$1,659	\$520.30	\$ 936.40	SSI Standards
		1/1/90	1,158	1,737	538.30	962.40	
		1/1/91	1,221	1,830	559.30	993.40	
		1/1/92	1,266	1,899	574.30	1,016.40	
		1/1/93	1,302	1,956	586.30	1,035.40	
		10/1/93	1,302	1,956	768.30	1,399.40	
		1/1/94	1,338	2,153	780.30	1,416.40	
		1/1/95	1,374	2,061	792.30	1,434.40	

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State: Pennsylvania

STANDARDS FOR OPTIONAL STATE SUPPLEMENTARY PAYMENT

Payment Category	Administered by		Income Level				Income Disregards Employed (5) SSI Standards
			Gross		Net		
			1 Person (3)	Couple	1 Person (4)	Couple	
(1) Aged, blind, and disabled living in a personal care home	(2) X	1/1/96	\$1,410	\$2,115	\$804.30	\$1,452.40	
		1/1/97	1,452	2,178	818.30	1,473.40	
		1/1/98	1,482	2,223	828.30	1,488.40	
		1/1/99	1,500	2,253	834.30	1,498.40	
		1/1/00	1,536	2,307	846.30	1,516.40	
		1/1/01	1,590	2,388	864.30	1,543.40	

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**SUPPLEMENT 6 TO ATTACHMENT 2.6-A**  
**Page 2**

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Pennsylvania

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A. INCOME ELIGIBILITY LEVELS - CATEGORICALLY NEEDY

See attached schedule of payments for the AFDC cash program.  
For the SSI Aged, Blind, and Disabled.

Single - \$557.40

Couple - \$839.70

For institutionalized persons under a special income level:

SSI - 300% of the Federal benefit rate payable under Title XVI of the Social Security Act = \$1,590 per month (300% x \$530)

AFDC - One person limit for county of residence (see attached schedule) + \$350

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